

HOUSE BILL NO. 3620

General Appropriations Bill for fiscal year 2007-2008
As Ratified by the General Assembly

SECTION 8 - J02 - DEPARTMENT OF HEALTH AND HUMAN SERVICES

8.35. (DHHS: High Management Group Homes/Psychiatric Residential Treatment Facility) An existing facility currently licensed by the South Carolina Department of Social Services and enrolled with the Medicaid agency as a High Management Group Home provider may elect to be enrolled with the Medicaid agency as a Psychiatric Residential Treatment Facility and licensed by the Department of Health and Environmental Control as a Residential Treatment Facility provided the facility meets the following criteria:

- 1) Department of Health and Environmental Control licensing standards outlined in Regulation 61-103 regarding Residential Treatment Facilities;
- 2) State and federal laws, regulations, and policies regarding participation as a Psychiatric Residential Treatment Facility.

A High Management Group Home facility may request and be granted a Certificate of Need exemption from the Department of Health and Environmental Control for up to the number of beds existing as of January 1, 2007. Any such request must be submitted to DHEC prior to January 1, 2008. If the current High Management Group Home facility cannot meet licensing standards or obtain an exemption or waiver from licensing standards of the Department of Health and Environmental Control, the High Management Facility, licensed by the Department of Social Services and enrolled with the Medicaid agency as a High Management Group Home, may move and rebuild within the adjacent 20 miles up to the number of beds existing at the facility on January 1, 2007 and obtain the same exemptions. Facilities seeking to increase the existing number of beds beyond those held on January 1, 2007, or relocate outside of the 20 mile radius will be subject to all CON and licensing requirements.

High Management Group Homes not electing to operate as a Psychiatric Residential Treatment Facility may continue to receive non-Medicaid state and federal funds only, except as allowed under a transition plan authorized by the Medicaid agency.